

4/28/00

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	MS	45	4/28
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Final	Original	Date
1			
2			
3	✓		7/26/03
4	✓		7/17/03
5	✓		1/23/04
6	✓		6/1/04
7	✓		
8	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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